

\_\_\_\_\_ New Application      \_\_\_\_\_ Renewal Application

## APPLICATION FOR PROGRAM DIRECTOR APPROVAL

\_\_\_\_\_  
FULL NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER\*

\*This information is to be used by the Commissioner to assist in the positive identification of the applicant where two or more individuals may have similar or identical names. The applicant may refuse to provide his social security number to the Commissioner. No applicant shall be refused, denied or otherwise penalized on the basis of his refusal to provide his social security number.

\_\_\_\_\_  
RESIDENCE ADDRESS (Street, city, state, zip code)

\_\_\_\_\_  
Published Residence Phone #

### Sponsoring Pre-Licensing Program:

\_\_\_\_\_  
Provider Name, Address, City, State, Zip Code

#### Qualifications - Must Check One

- \_\_\_\_\_ Two or more years experience as an instructor of insurance or an education administrator; OR  
\_\_\_\_\_ Six or more years experience in the insurance industry with a minimum of two years in insurance management; OR  
\_\_\_\_\_ Earned the designation of CLU, CPCU, FLMI, CIC, or ChFC (A photocopy of certificate must be attached)

If answer to any question is "Yes", Attach Statement providing complete details

- \_\_\_\_\_ YES \_\_\_\_\_ NO Have you ever been denied an insurance license or had an insurance license or any professional license suspended, revoked, or surrendered in Indiana or elsewhere?  
\_\_\_\_\_ YES \_\_\_\_\_ NO Have you ever been convicted of any criminal offense (other than minor traffic offenses)?  
\_\_\_\_\_ YES \_\_\_\_\_ NO Do you presently have any outstanding fines imposed by the Commissioner of Insurance?  
\_\_\_\_\_ YES \_\_\_\_\_ NO Does your name appear on the tax warrant list issued by the Department of Revenue?

#### EDUCATION:

Did you graduate from high school? \_\_\_\_\_ YES \_\_\_\_\_ NO If Yes, Year of Graduation \_\_\_\_\_

Name of High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Did you graduate from a College or University? \_\_\_\_\_ YES \_\_\_\_\_ NO If Yes, Year of Graduation \_\_\_\_\_

Name of College/University \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

## EMPLOYMENT RECORD

**CURRENT EMPLOYER:** \_\_\_\_\_

Company Name

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Name of Immediate Supervisor

State Title of Position and give Detailed Description of Duties \_\_\_\_\_  
\_\_\_\_\_

Length of Employment with Current Employer in Years/Months

From \_\_\_\_\_ To \_\_\_\_\_

### Signature of Applicant

I certify that the information provided in this application is true and correct to the best of my knowledge. I understand that any omission, false statement or failure to make full disclosure constitutes grounds for denial of approval or for suspension/revocation of approval if granted.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Signature

**Recommendation of Pre-Licensing School or Chief Academic/Operating Officer (if other than applicant).**

**I hereby recommend that this applicant be approved as Program Director for the program being conducted by the sponsoring institution/company named above.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employer/Supervisor

Signature

